

APPLICATION FOR SPECIAL ENTERTAINMENT PERMIT (Must be submitted 30 days prior to event)

To Rockingham County Board of Supervisors:

Date of Application: _____ Date of Performance: _____

APPLICANT: _____

APPLICANT'S ADDRESS: _____

_____ Daytime Phone: _____

Statement of Location (Name and Address of Property owner and tax map number)

If property owner is different from applicant, notarized statement under oath that the person giving permission is the property owner or has the right to possession of the property and authorizes applicant to use it for the purpose specified herein.

The following shall be required as a part of this application:

IF LESS THAN 50 ATTENDEES WILL ATTEND ONLY #6 BELOW MUST BE COMPLETED. HOWEVER, IF APPLICATION IS COMPLETED FOR LESS THAN 50 PEOPLE, AND MORE THAN 50 PEOPLE ATTEND, THE FUNCTION MAY BE ENDED AS DETERMINED BY THE AUTHORITIES.

1. A plan for sanitation facilities at this function (approved by the Health Department)
2. A plan for garbage and trash pick up.
2. A plan for traffic control, crowd control and parking facilities (approved by the Sheriff).
3. A plan for fire and medical emergencies (approved by the Fire Chief).
4. Approval from VDOT regarding the entrance.
5. A plan for providing food, water, and lodging (if more than one day) for guests.
6. A statement concerning the following:
 - a. alcoholic beverages (if allowed, provided by host or brought by guests)
 - b. hours of the function
 - c. if outdoor music, the hours music will be played.
 - d. estimate of the number of guests expected.
 - e. all activities that will be involved in this function.

I hereby certify that all of the above information and supporting documents herewith submitted is correct.

Signature - Applicant

OFFICE USE ONLY

COMMENTS FROM VDOT: _____

SIGNATURE

DATE

COMMENTS FROM HEALTH DEPT. _____

SIGNATURE

DATE

COMMENTS FROM SHERIFF'S DEPT.: _____

SIGNATURE

DATE

COMMENTS FROM FIRE & RESCUE: _____

SIGNATURE

DATE

☐ **SPECIAL USE PERMIT NEEDED**

☐ **SPECIAL USE PERMIT NOT NEEDED**

Rockingham County Zoning Administrator

Date

ACTION TAKEN:

☐ **APPROVED.**

Conditions: _____

☐ **DENIED.**

Reasons: _____

Signature

Date